

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

OR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 -- 0 0 4

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)

1/1/00, 1/15/00 & 3/1/00

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATT. 3.1-A PP. 3, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
ATT 4.19-B PP. 2, 5
ATT TO ATT 3.1-A PP 3, 10 ATT 4.19-E P. 1
SUPP 1 TO ATT 4.19-B PP. 2,3 ATT 3.1-B P3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME -

10. SUBJECT OF AMENDMENT: MODIFICATIONS TO HOME HEALTH, PRIVATE DUTY NURSING, ADVANCED
PRACTICE NURSES, CROSSOVER PAYMENTS AND CLARIFYING PAYMENTS TO INDIAN HEALTH CENTERS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Kevin W. Concannon

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Commissioner, Maine Department of Human Services

15. DATE SUBMITTED:

3/30/2000

16. RETURN TO:

Francis T. Finnegan, Jr.
Director, Bureau of Medical Services
#11 State House Station
249 Western Ave.
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/30/2000

18. PLAN APPROVED: _____

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

24. OTHER COMMENTS:

25. DATE:

26. SIGNATURE:

State/Territory: Maine

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of limitations, if any.
☐ Not Provided.

7. Home Health services.

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a. Intermittent or part-time nursing services provided by a licensed and Medicare certified home health agency.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a licensed and Medicare certified home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: ☐ No limitations ☒ With limitations*

d. Physical therapy services provided by a licensed and Medicare certified home health agency.

Provided: ☐ No limitations ☒ With limitations*

e. Speech-language pathology services provided by a licensed and Medicare certified home health agency..

Provided: ☐ No limitations ☒ With limitations*

TN No. 00-004

Supersedes

Approval Date: 4/5/01

Effective Date: 1/1/2000

TN No. 91-14

State/Territory: Maine

- f. Occupational therapy services provided by a licensed and Medicare certified home health agency..

Provided: ☐ No limitations ☒ With limitations*

- g. Medical Social Services provided by a licensed and Medicare certified home health agency..

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

OFFICIAL

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TN No.

State: Maine

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL SERVICES
AND CARE PROVIDED TO THE CATEGORICALLY

25. Home and Community care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

☐ Provided ☒ Not Provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician or the State Agency or its authorized agent in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

☒ Provided ☒ State approved (not physician) service plan allowed
☒ Services outside the home also allowed
☒ Limitations described on attachment
☐ Not Provided

OFFICIAL

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TN No. 95-005

State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY

7. Home Health Services

Prior authorization for services is required in order to continue services after the initial certification period, except for: A) psychiatric medication administration and monitoring (exempt), and B) a limited number of physical, occupational and speech language therapy visits per state fiscal year. Additional therapy visits can be obtained with prior authorization.

8. Private duty nursing services.

These nursing services are provided by a licensed home health agency or an independent professional registered nurse. Private duty nursing services are provided under the direction of the client's physician. Some services require prior authorization by the State Agency or its authorized agent. Services are limited to an annual or monthly cap according to the level of care, as determined by the State Agency. Home Health nursing and aide services shall count toward the cap. Individuals under the age of 21 may be eligible for any level of Private Duty Nursing Services. Individuals age 21 and over may be eligible for only the following: "At Risk" Level, "Extended" Level of Service, "Venipuncture Services", or the "Medication and Venipuncture Services".

OFFICIAL

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State: Maine

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL SERVICES AND CARE PROVIDED TO THE CATEGORICALLY NEEDY

26. Except as noted below personal care services are those services provided by a home health aide or certified nurses' aid and which are delegated and supervised by a registered nurse. The services must be provided under the direction of the client's physician. Services for clients age 21 and over require prior authorization by the state Agency or its authorized agent. Services are limited to an annual or monthly cap, according to the level of care as determined by the State Agency. Home Health nursing and aide services count toward the cap. Individuals under the age of 21 may be eligible for any level of personal care services. Individuals age 21 or over may be eligible for only the "At Risk" level of the "Extended" level services.

Personal care services in Private Non-Medical Institutions are provided by qualified medical and remedial services facility staff, other qualified mental health staff and qualified personal care service staff and are supervised by a registered nurse. Services must be prescribed by a physician in accordance with the client's plan of care.

Consumer directed personal care services are provided only to individuals who are able to self direct a personal care attendant and who have chronic or permanent physical disabilities. Each individual is eligible for as many covered services as are necessary to live independently and avoid institutional care up to a maximum of thirty-five (35) hours per week of attendant services, exclusive of night attendant services.

OFFICIAL

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TN No. 95-005

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and B Deductible/Coinsurance*

QMBs:	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
	Part b	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance

Other	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
Medicaid					
Recipients	Part b	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance

Dual	Part A	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
Eligible					
(QMB Plus)	Part b	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance

*See page 3 for the exception on Durable Medical Equipment and Supplies.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and B Deductible/Coinsurance*

Item 1. For claims received from January 1, 1997, until February 29, 2000 the Medicaid payment will not exceed the lowest Medicare approved amount, regardless of the Medicaid maximum allowance.

For claims received on and after January 1, 1997 for services from FQHCs, RHCs, physicians, nurse midwives, nurse practitioners, ambulance services, mental health clinics, and ambulatory care clinics, the total payment from both Medicare and the Department cannot exceed the lowest rate which Medicare determines to be the allowed amount.

For all other providers for claims received on or after March 1, 2000 the total payment to the provider from both Medicare and the Department cannot exceed the lower of the lowest Medicare approved amount or the maximum allowance established by the Department for services provided, in cases where assignment is required. In cases where assignment is not required (as described in Chapter II, Section 60, Durable Medical Equipment and Supplies, of the Maine Medical Assistance Manual), payment will not exceed the maximum allowance established by the Department for the services provided.

Indian Health Centers, enrolled as Ambulatory Care Clinics are eligible for the all inclusive rate set in the most recently published Federal Register.

OFFICIAL

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Supersedes
TN No. 97-001

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NCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

State: Maine

Page 2

PAYMENT RATES FOR CARE AND SERVICES OTHER THAN INPATIENT HOSPITAL

6.
 - a. Podiatrists' - Payment is made on the basis of a fixed fee schedule, but not to exceed the 75th percentile established by Medicare B.
 - b. Optometrists' - Payment is made on the basis of a fixed fee schedule, but not to exceed the 75th percentile established by Medicare B.
 - c. Chiropractors - Payment is made on the basis of a fixed fee schedule, but not to exceed the 75th percentile established by Medicare B.
 - d. Psychologists - Payment is made on the basis of a fixed fee schedule, but not to exceed the 75th percentile established by Medicare Part B.
7.
 - a. Home Health Care Services - Intermittent or part time nursing home health aide services, nursing services, physical therapy, speech-language pathology, occupational therapy, or medical social services, furnished by a licensed and Medicare certified home health agency. Payment is made on the basis of the lowest of: a fixed fee schedule the weighted average cost, based on the provider's Medicare cost reports; or the provider's usual and customary charge.
 - b. Medical Supplies, equipment, and appliances for use of patients in their own home, payments are based on a fee schedule which reflects usual and customary charges for these items.
8. Private Duty Nursing - Nursing services furnished by a licensed home health agency or an independent professional registered nurse. Payment is made on the basis of a fixed fee schedule. The amount of private duty nursing services will be capped per individual on an annual or monthly basis as determined by the Department.
9. Clinic Services - Payment is made on the basis of a fixed fee schedule. Payment is also made to Sec. 638 tribal facilities in accordance with the periodic Federal Register notice addressing the IHS encounter rate. The following services were included in the all inclusive rate paid to Indian Health Centers:
 - Laboratory And X-Rays
 - EPSDT
 - Family Planning Services
 - Physician Services
 - Medical And Surgical Services Provided By A Dentist
 - Podiatrist's Services
 - Optometrist's Services
 - Chiropractor's Services
 - Psychological Examiner's Services
 - Licensed Clinical Social Workers And LCPCs
 - Intermittent Or Part Time Nursing Services
 - Home Health Aide Services
 - Physical, Occupational and Speech/Language Therapy and Audiology Services provided by a Home Health Agency
 - Private Duty Nursing Services
 - Clinic Services
 - Dental Services
 - Physical Therapy
 - Occupational Therapy
 - Services for Speech, Hearing and Language Disorder
 - Mental Health Diagnostic Services

OFFICIAL

TN No. 00-004

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TN No. 95-006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

State: Maine

Page 2 cont.

PAYMENT RATES FOR CARE AND SERVICES OTHER THAN INPATIENT HOSPITAL

- VD Screening
- Mental Health Preventive Services
- Nurse Midwife Services
- Pregnancy Related and Post Partum Services
- Extended Services to Pregnant Women
- Ambulatory Prenatal Care for Pregnant Women
- Certified Pediatric or Family Nurse Practitioner's Services
- Advanced Practice Nurses

10. Dental Services - Payment for these services is made on the basis of a fixed fee schedule. See Attachment 4.19-B, Physician (and other prescribers) Directed Drug Initiative (PDDI), pages 1-b to 1-d.

11. Physical Therapy and related services.

- a. Physical Therapy - Payment is made on the basis of a fixed fee schedule, but not to exceed the 75th percentile established by Medicare Part B.
- b. Occupational Therapy - Payment is made as described in 11a.
- c. Services for individuals with speech, hearing, and language disorder - The State Agency will make payments as in 11a above.

OFFICIAL

TN No. 00-004

Supersedes _____ Approval Date 4/5/01 Effective Date 1/1/2000

TN No. 95-006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

State: Maine

Page 5

PAYMENT RATES FOR CARE AND SERVICES OTHER THAN INPATIENT HOSPITAL

18. Any other medical care and any other type of remedial care recognized under State law:
- Ambulance Services - Payment is made on the basis of a fixed fee schedule, but not to exceed the 75th percentile established by Medicare Part B.
 - Services of Christian Science Nurses - payments will be based on a fee schedule which reflects usual and customary charges for these services.
 - Care and Services in Christian Science Sanitaria - The State agency will apply payment rates currently in effect under Title XVIII.
 - Skilled Nursing Facility Services to patients under 21 - See Attachment 4.19-D.
 - Emergency Hospital Services - The State agency will apply the payment rate as described in Attachment 4.19-A.
 - Personal Care Services:
 - Payment is made on the basis of a fixed fee schedule. The amount of personal care services in combination with home health services and private duty nursing services will be limited to an annual or monthly cap as determined by the Department.
 - Payment for personal care services provided by a private non-medical institution are made under contracts authorizing a capitation rate.
19. Transportation Services - Payment is made on the basis of a fee schedule.
20. Case Management Services - All payment rates for case management services are based on a cost report submitted by the provider. The payment rate will be calculated using allowable/reimbursable costs appropriate to the provider, as determined by the Department.
21. Certified family and pediatric nurse practitioners - Payment is based on the established fee schedule for Physicians' Services as described in Item 5, except that these nurses are not eligible for the physician incentive plan.
22. Advanced Practice Nurses other than Nurse Midwives and Certified family and pediatric nurse practitioners - Payment is based on the established fee schedule for Physicians' Services as described in Item 5, except that these nurses are not eligible for the physician incentive plan.

OFFICIAL

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Effective Date 1/1/00

TN No. 99-002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

DEFINITION OF CLAIM

State: MAINE

Attachment 4.19-E

Page 1

42 CFR 447.45(b) states "claim" means (1) a bill for services, (2) a line item for services, or (3) all services for one recipient within a bill. the following table indicates the definition adopted by the Maine Medical Assistance Program to comply with 42 CFR 447.45. (Refer to page 20c of State Plan).

Service (as listed in State Plan) Definition of Claim (as defined above)

Adult Family Care Services	1
Advanced Practice Nurses (except nurse midwives and certified pediatric and family NPs)	1
Ambulance Services	1
Ambulatory Care Clinic Services	1
Ambulatory Surgical Center Services	1
Audiology Services	1
Case Management Services	1
Certified Family and Pediatric Nurse Practitioner	1
Chiropractic Services	1
Clinic Services	1
Community Support Services	1
Consumer Directed Attendant Services	1
Day Habilitation Services for Persons with Mental Retardation	1
Day Health Services	1
Day Treatment Services	1
Dental Services	1
Developmental and Behavioral Clinic Services	1
Early Intervention Services	1
Family Planning Agency Services	1
Federally Qualified Health Center	1
Hearing Aids & Service	1
Home-Based Mental Health Services	1
Home Health Services	1
Hospital Services	1
Psychiatric Facility Services	1
ICF/MR Services	1
Lab and X-ray	1
Licensed Clinic Social Worker/LCPC	1
Medical Imaging Services	1
Medical Supplies & Equipment	1
Mental Health Clinic Services	1
Molecular Testing Services	1
Nursing Facility Services	1
Nurse-Midwife Services	1
Occupational Therapy Services	1
Optician Services	1
Optometry Services	1
Personal Care Services	1

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TN# 00-004

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TN# 99-002

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State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ /X/ Provided: ☐ // No limitations ☒ /X/ With limitations*
(See Attachments 3.1-A,p.2a)

b. Optometrists' Services

☒ /X/ Provided: ☐ // No limitations ☒ /X/ With limitations*
(See Attachments 3.1-A,p.3b)

c. Chiropractors' Services

☒ /X/ Provided: ☐ // No limitations ☒ /X/ With limitations*
(See Attachments 3.1-A,p.3b)

d. Other Practitioners' Services

☒ /X/ Provided: ☐ // No limitations ☒ /X/ With limitations*
(See Attachments 3.1-A,p.3b)

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency

b. ☒ /X/ Provided: ☐ // No limitations ☒ /X/ With limitations*

b. Home health aide services provided by a home health agency.

☒ /X/ Provided: ☐ // No limitations ☒ /X/ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

☒ /X/ Provided: ☐ / No limitations ☒ /X/ With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services and medical social services provided by a home health agency.

☒ /X/ Provided: ☐ // No limitations ☒ /X/ With limitations*

*Description provided on attachment to attachment 3.1a.

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